

SHAWNEE MISSION SOUTH TRACK AND FIELD
SCHOLARSHIP APPLICATION

ATHLETE'S NAME: _____

ADDRESS: _____

HOME
PHONE NUMBER: _____

PARENTS NAME: _____

ADDRESS AND PHONE NUMBER IF DIFFERENT THAN ABOVE:

ATHLETE'S PARENTS
ARE FULLY PAID MEMBERS OF THE BOOSTER CLUB: YES _____ NO _____

ATHLETE'S TRACK OR FIELD EVENT(S): _____

ATHLETE'S ACADEMIC GRADEPOINT: _____ (check with counselor's office, if needed)

ATHLETE COMPETES ON: VARSITY _____ JR. VARSITY _____ BOTH _____

ESSAY IS ATTACHED TO THE APPLICATION: YES _____ NO _____

COACH'S OR COACHES SIGNATURE OF RECOMMENDATION:

Verifies that athlete participated in track and field events for three high school years (varsity and/or junior varsity).

APPLICATION IS NOT COMPLETE WITHOUT ALL THE ABOVE
ATTACHED TO IT.